# Physician Credentialing Quick Reference Guide V.3.0

The purpose of this guide is to assist physicians in the State of Missouri in completing the credentialing process as quickly and efficiently as possible. It is very important that the application be submitted correctly and completely in order for hospitals, CVOs and managed care organizations to process in accordance with their company and accreditation standards.

Important Tips

- **Submit your application in a timely manner** - at least 90-120 days prior to your effective date of employment, practice start date or new contract with health plan. Organizations need sufficient time to complete the entire credentialing process so that your privileges and/or participation status are in place when you are ready to start practicing.

- **Missouri license** should be issued at the time the application is submitted.

- **DEA and BNDD certificate** must have current or new practicing location address. All providers with a Missouri DEA must also have a BNDD certificate and schedules must match. (See resource information.)

- Ensure that your **curriculum vitae** and the information on your application do not conflict such as dates of training or work history.

- Provide the name and phone number of your **office manager** or a **contact person** whom organizations can contact regarding questions with your application.

- Keep all **required documentation** identified in Section II at your fingertips in one location. Replace documents as they are renewed and updated. By having these documents organized, you can quickly copy and attach to the application when needed.

- **Download** the Missouri Standardized Credentialing Form onto your personal computer and maintain your information electronically. Update as needed and simply print out each time you need to complete the credentialing or recredentialing process. All MO HMOs are required to use this application. Other organizations may not accept this form and should be contacted directly. (See Resources: http://www.insurance.state.mo.us/industry/forms)

- Throughout the application process, the organization will contact you if information is missing or expired or if assistance is needed in obtaining the necessary verifications. You are the organization's key to a complete application and the responsibility is on you to **make sure the organization has what it needs** to complete the credentialing process. The organization, in turn, should keep you informed of your application status.
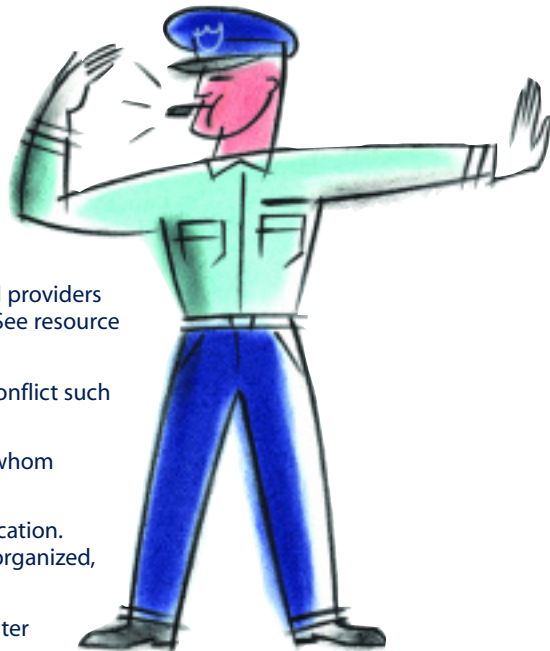
Completing the Application

- Print or type application material **legibly**.

- Complete the most **current version** of the Missouri Standardized Credentialing Application, dated 2/01. (See Resources http://www.insurance.state.mo.us/industry/forms/)

- Submit application with all applicable **sections completed**. If a particular section does not pertain to you, please mark it "N/A".

- **I. General Information** - yes, we need your date of birth and social security number. These items assist in properly identifying you when obtaining verification information.

- **II. Office/Practice Information** - please provide complete address/tax id/phone/fax/contact information for each practicing location. If more than two locations, please copy page three (3) of the application as needed. Please complete all 21 questions in this section as each organization uses this information for specific purposes.

- **III. Education/Training** - list all institutions of education and training and include at least the month and year for attendance. Provide complete addresses if known as this assists in properly identifying the correct institution. There are multiple hospitals and medical schools that have similar names. Also, please include the name of the program director so that correspondence can be addressed appropriately.

Completing the Application (continued)

〰 **IV. Hospital Affiliations** - identify all hospital affiliations that are past, present and pending.

〰 **V. Practice Specialty** - if board certified, list each board and identify if through the ABMS or AOA or other Board Affiliation.

〰 **VI. Work/Practice History** - identify all professional practice associations for the past ten (10) years or since completion of training, whichever is less. Include at least the month and year for dates of employment and provide an explanation of any gap in chronology. Please do not leave any time period unaccounted for within the last 10 years.

〰 **VII. Professional Certificates/License Numbers** - please provide all state licenses you currently hold or have held in the past.

〰 **VIII. Professional Liability Insurance Information** - please provide all malpractice carriers for the past ten (10) years with agent, address, policy number, and group name.

〰 **IX. Malpractice Claims History** - sign and date page 9 of the application regarding malpractice claims even if there are no claims to report - simply indicate "no claims". If you do have claims history, copy this page and complete for each claim.

〰 **X. Additional Information** - answer all questions on page 10-11 of the application. Please read these carefully and provide a detailed explanation for any question answered "yes". Discrepancies here cause significant delays in application processing.

〰 **Sign and date** the Attestation/Waiver/Release of Information/Authorization/Participation Statement (the name of the document varies by institution). Do not use signature or date stamps. If the form does not request that you print your name, please do so to further identify your signature. (Please note that some organizations may require this form to be notarized.)

Additional and Necessary Application Documentation

You will need to submit all of the attachments identified on page 11, Section XI, of the Missouri Standardized Credentialing Form. In addition, please note the following:

〰 The copy of your **DEA** (#8) must list your current or new Missouri practicing location address.

〰 The copy of your **BNDD** (#9) must list your current or new Missouri practicing location address.

〰 The copy of your **malpractice insurance certificate** (#10) must include your name, amounts of coverage and expiration date. If your name is not listed on the certificate, an attachment must be included indicating the physicians covered by the policy.

〰 In addition, please complete and return any **facility specific documents** sent to you with the application, including:

Hospital

◆ Privileges requested should be checked on the privilege sheet and all documentation attached as required on the privilege sheet. If additional education is needed, documentation of that education should be included. Logs of procedures performed should also be attached if you have recently completed training. Proctoring requirements should be noted if necessary.

◆ CME documentation should be current and specific to your specialty.

◆ Peer References should be of same degree and specialty and be familiar with your current practice. Be sure to include phone and fax number of reference.

Managed Care Organization

◆ If your hospital privileges are pending, please provide your arrangements you have in place for inpatient coverage.

◆ If you are not board certified or your board certification is expiring/expired, please indicate your intentions to certify or recertify. Many managed care organizations require board certification or board eligibility for participation.

CVO

◆ Privileges requested should be checked on the privilege sheet and all documentation attached as required on the privilege sheet. If additional education is needed, documentation of that education should be included. Logs of procedures performed should also be attached if you have recently completed training. Proctoring requirements should be noted if necessary.

◆ CME documentation should be current and specific to your specialty.

Note: If the Hospital/CVO/Managed Care Organization has supplied additional forms with your application, please complete all of the facility specific forms and return with the application. These were included for a specific purpose and not returning them will only delay the processing of your application.
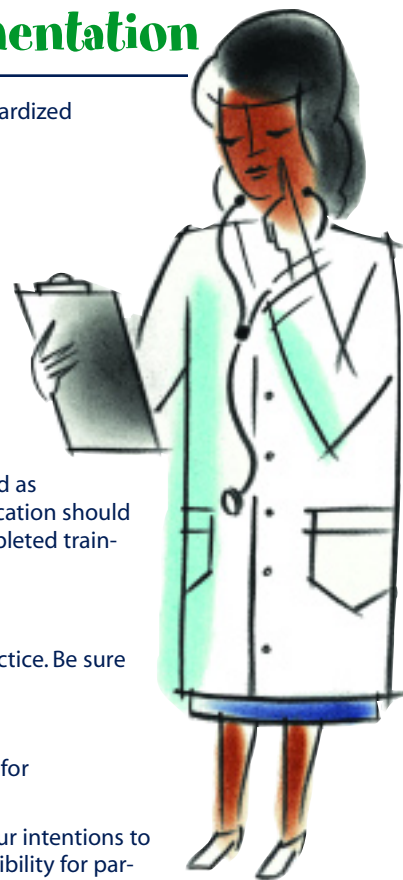
Resources

The following organizations may provide assistance to you in preparing and submitting your application.

Missouri State Board of Registration for the Healing Arts
3605 Missouri Blvd.
P.O. Box 4
Jefferson City, MO 65102
Telephone: (573) 751-0098
Fax: (573) 751-3166
http://www.pr.mo.gov/healingarts.asp

Bureau of Narcotics and Dangerous Drugs (BNDD)
Department of Health and Senior Services
P.O. Box 570
Jefferson City, MO 65102-0570
Telephone: (573) 751-6321
Fax: (573) 526-2569
http://www.health.state.mo.us/BNDD/index.html

Missouri Standardized Credentialing Form
(under Managed Care/Health Insurance section)
Missouri Department of Insurance
301 West High Street
P.O. Box 690
Jefferson City, Missouri 65102
Telephone: (573) 751-4126
http://www.insurance.state.mo.us/industry/forms/

Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore MD 21244-1850
Telephone: (877) 267-2323
http://cms.hhs.gov/default.asp

Medicaid
Department of Social Services of Missouri
221 West High Street
P.O. Box 1527
Jefferson City, MO 65102
Telephone: (573) 751-4815
http://www.cms.hhs.gov/medicaid/state.asp?state=MO

DEA
Diversion Control Program
http://www.deadiversion.usdoj.gov/index.html

St. Louis Field Division
317 South 16th Street
St. Louis, MO 63103
Telephone: (314) 538-4600
Fax: (314) 538-4622

Kansas City District Office
8600 Farley, Suite 200
Overland Park, KS 66212
Telephone: (913) 825-4200
Fax: (913) 825-4182

Missouri State Medical Association (MSMA)
113 Madison, PO Box 1028
Jefferson City, MO 65102
(573) 636-5151
www.msma.org

National Practitioner Data Bank (NPDB)
www.npdb-hipdb.com

Council for Affordable Quality Healthcare (CAQH)
CAQH is an organization founded by 23 of the nation's largest health plans and three trade associations. One of its main objectives is to simplify many aspects of managed care, including the credentialing process. Through its Universal Credentialing DataSource, physicians can provide their credentialing information to one source, one time. Managed care organizations will obtain credentialing information by downloading the data from the database only if you have authorized its release to them. CAQH implemented its online database in the State of Missouri in May 2003 and supports the Missouri Standardized Credentialing form. For more information and an online demo, visit the CAQH website.
www.caqh.org

Missouri Medicare - Part B Enrollment
P.O. Box 84430
Baton Rouge, LA 70884-4430
866-419-9460
www.momedicare.com